removement medicipalities and all the con-

	Under the Paperwork Red	fuction Act of 1995, no pers	ons are required to respond t	o a collection of information unle	ss it displa	ys a valid OMB co	ntrol number.	
	PATENI	APPLICATION FE Substitute for	N RECORD	10	89			
<u> </u>	CI	AIMS AS FILED - PA	<u> </u>	SMALL ENTITY	OR	OTHER SMALL E		
ľ	FOR	NUMBER FILED	NUMBER EXTRA	RATE FEE		RATE	FEE	
	BASIC FEE (37 CFR 1.16(a))			325	OR		<u>,790.</u> po	
, t	TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		x ∂. S₌	OR	x 5 0=		
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•	x:100	OR	x:200		
R I	MULTIPLE DEPENDENT CI		FR 1.16(d))	+:18O	OR	+1360		
ST		n 1 is less than zero, enter "	"0" in column 2.	TOTAL	OR	TOTAL		
>								
\$	1/1/00	AS AS AMENDED F	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER SMALL I		
BEST AVAILABLE COPY		CLAIMS 31 32.24	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA	RATE ADDI- TIONAL FEE		PATERIO	TIONAL FEE	بالالت
욛	Total * (Minus **	PAID FOR	× 65 =	OR	×.50₌		
· · ·	Z independent (27 CFR 1.16(b))	Minus "	7' =	× : #00	OR	×:900		
$\mathbf{S} \cdot \mathbf{I}$	FIRST PRESENTATION	N OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	+:/80	OR	+:360		
육				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
~	(0	Column 1)	(Column 2) (Column 3)		•	· · · · · · · · · · · · · · · · · · ·		
	El l	EMAINING PI	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Z lota:	Minus **		x • <u>25</u> _	OR	ו50		
	Independent (37 CFR 1.16(b))	Minus ***		× :100	OR	× 900		
	> 	N OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	+.180	OR	<u>035.</u> +		
•,				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
	Ċ		(Column 2) (Column 3)		_			
	U R	CLAIMS EMAINING AFTER P	HIGHEST NUMBER REVIOUSLY PAID FOR PRESENT EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL: FEE	
	Total *	MENDMENT Minus **		x.25=	OR	x :50 =		
	Independent • .	. Minus	= .	x 100	OR	<u>5</u> 00		122
	SI	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	+:180	OR	+,360		
		on 1 is less than the entry in	1 0 0 10 10 10 10 10 10 10 10 10 10 10 1	TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DATELIT				<u> </u>
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Effective January 1, 2003

Application or Docket Number

NO CODEZOSS CI

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			209					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILEO		NUMBER EXTRA		٠.	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS Ly minus			nus 20=	*	9		X\$ 9=		OR	X\$18=	162	
\vdash	EPENDENT CL		<u> </u>	nus 3 =	4			X42=		OR	X84≈	336
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	·	OR	+280=	
+ If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1247
	C	LAIMS AS A (Column 1)	MENDED	- PAR (Colur		(Column 3)		OTHER SMALL ENTITY OR SMALL E				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	###	CLAIN	<u> -</u>		X42=		OR	X84=	
Ļ	, mor ricoe		DETIFEE OF	ENDEN	CDAIM		,	+140=		OR	+280=	·
				•			. (TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	•	Minus	. **		=		X\$ 9=	٠.	OR	X\$18=	: '
AME	Independent	* NTATION OF MI	Minus	***	CLAIM]=	1	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا د	+140=		OR	+280=	
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÷		(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		e ·		X\$ 9=		OR	X\$18=	
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لنا	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		J			OR		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE TOTAL ADDIT. FEE OR ADDIT. FE												